



California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814-6237
Phone (916) 445-5014
Fax (916) 327-6308
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GRAY DAVIS, GOVERNOR

FOREIGN GRADUATE APPLICATION

This application requires the non-refundable fee specified in the instructions. The application will not be processed until it is complete, and the required fee has been received. All items requested by the board in support of your application must be sent **directly** to the Board of Pharmacy at the above address.

Print or type

NAME: Last First Middle			Telephone numbers			
List all other names known by: _____ _____ _____			Work () _____			
			Home () _____			
			Date of birth: _____			
Title: Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>						
Mailing address: Street	Apt. No.	City	State	Country	Zip Code	
Residence address: Street	Apt. No.	City	State	Country	Zip Code	
List chronologically below all schools, colleges, universities, or technical schools you have attended. List the most recent first.						
Name of school, college or university	Location City/State/Country	Date entered Month/year	Date departed Month/year	Total length of attendance	Certificate diploma or degree	Major area of study

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualifications for registration under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, telephone (916) 445-5014, 400 R Street, Suite 4070, Sacramento, California 95814-6237. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on them by our agency, unless the records are identified as confidential information and exempted by Civil Code section 1798.3.

I hereby certify under penalty of perjury under the laws of the State of California, to the truth and accuracy of all statements, answers and representations made in the foregoing application, including all supplementary statements.

Signature _____ Date _____

Do not write below this line			
FPGEE	ACTION	TRANSCRIPTS REQUESTED	CASHIERING
Date of Exam Taken _____	Deficiency Letter Mailed _____	FPGEE <input type="checkbox"/> Candidate <input type="checkbox"/> Other <input type="checkbox"/>	Receipt No _____
FPGEE Pass Letter <input type="checkbox"/>	FPGEE Verification Request Date _____	Semester units From Transcript _____	Date _____
Release and Authorization <input type="checkbox"/>	FPGEE Verification Receipt Date _____	Verified _____	Amount _____
Intern Application <input type="checkbox"/>		Completed _____	